



**COMMONWEALTH OF KENTUCKY  
APPLICATION FOR  
ATHLETE AGENT REGISTRATION**

-----Initial Application (\$300.00)

-----Renewal Application(\$100.00)

\_\_\_Re-Instatement (\$300.00)

\_\_\_ Late Renewal Fee (60 Day  
Grace Period) (\$150.00)

\_\_\_ Delinquent Renewal Fee  
(\$200.00)

1. Name of Athlete Agent: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_

3. Federal Employer Identification Number: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Business Address: \_\_\_\_\_  
\_\_\_\_\_

6. Home Address: \_\_\_\_\_  
\_\_\_\_\_

(Please notify within 10 days any address changes)

7. Telephone Number: (\_\_\_\_) \_\_\_\_\_

(Home)

(\_\_\_\_) \_\_\_\_\_

(Business)

8. Athlete Agent is a: \_\_\_ sole proprietor \_\_\_ corporation  
\_\_\_ partnership  
\_\_\_ limited liability company

**9. List the names and address of all persons that are financially interested as partners, associates, or profit sharers in the operation of the business of athlete agent.** \_\_\_\_\_  
\_\_\_\_\_

**10. Have you ever been convicted of any felony offense, misdemeanor or civil action involving moral turpitude in any state during the past ten (10) years?** \_\_\_\_\_ **If yes, please describe circumstances.**  
(yes/no)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Have you ever been sued by an athlete?** \_\_\_\_\_ **If yes, please describe circumstances and disposition.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Have you ever filed for bankruptcy?** \_\_\_\_\_ **If yes, please describe circumstances.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Has any surety bond on which you were covered been required to pay any money on your behalf?** \_\_\_\_\_ **If yes, please describe.**  
(yes/no)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Are there any unsatisfied judgements of continuing effect against you?** \_\_\_\_\_ **If yes, provide full details.**  
(yes/no)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 15. List all professional sports in which you currently represent or have previously represented any professional athletes, and for each such sport, specify the name of the athlete(s) your currently represent.**

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- 16. Do you manage, invest, or handle funds for athletes?** \_\_\_\_\_  
(yes/no)

**If yes, are you bonded?** \_\_\_\_\_

**If yes, please attach surety documentation.**

- 17. Have you ever had a professional license, certificate or registration denied, suspended or revoked by any other state?** \_\_\_\_\_ **If yes, please provide full details.** \_\_\_\_\_

- 18. What services does your firm provide to the athletes? (Place a check next to each service provided.**

**Contract Negotiation** \_\_\_\_\_

**Estate Planning** \_\_\_\_\_

**Grievance-Arbitration** \_\_\_\_\_

**Tax Planning** \_\_\_\_\_

**Financial Planning** \_\_\_\_\_

**Appearances/Endorsements** \_\_\_\_\_

**Other Services**

**(Explain)** \_\_\_\_\_

- 19. If your firm does not provide services in one or more of the listed areas do you assist an athlete in securing such services? If so, describe what you do in this regard (include name and address of each individual you customarily refer athletes for each service)** \_\_\_\_\_

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**I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Division of Occupations and Professions.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_